

Some people with advanced kidney cancer could avoid surgery

June 4 2018



Credit: Cancer Research UK

The targeted drug sunitinib (Sutent) is as effective alone as when it's combined with surgery for some people with advanced kidney cancer, according to a clinical trial.

This means some people whose kidney cancer has spread could in future avoid having surgery to remove the affected organ.

Average survival times were as good in patients who only received the targeted [drug](#) as those who received the drug and had their kidney removed.

Sparing these patients surgery would mean they avoid the side effects of the operation, which when combined with recovery times can also delay further [treatment](#).

The results were presented at the 2018 American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago, and are published in *The New England Journal of Medicine*.

What did the trial show?

The phase 3 CARMENA trial involved 450 patients with kidney cancer that had spread to other parts of the body.

Half took sunitinib alone and half had the same course of sunitinib after surgery to remove the affected kidney.

Researchers found that sunitinib alone was as effective as the combination of surgery and the drug. People taking sunitinib alone lived for 18 months after treatment on average, while those who had surgery plus sunitinib lived for an average of 14 months.

"Our study is the first to question the need for surgery in the era of targeted therapies and clearly shows that surgery for certain people with [kidney](#) cancer should no longer be the standard of care," said lead researcher Dr. Arnaud Mejean, a urologist at the Department of Urology, Hôpital Européen Georges-Pompidou—Paris Descartes University in Paris.

The study is not designed to find if the drug treatment alone is better

than when it's combined with surgery. And the findings don't apply to those whose [kidney cancer](#) is less advanced, for whom surgery remains the best treatment.

Picking the right treatment

While the results look promising, they could be affected by the high number of people who didn't receive treatment. Around 1 in 5 people who were due to have surgery and [sunitinib](#) did not have the targeted treatment.

And a significant number of people who were due to only receive the drug went on to have additional treatment.

"Almost 1 in 5 people who initially had the drug by itself also went on to have [surgery](#), which could affect the results," says Michael. "We need to understand more about this group of people to make sure we're giving each person the best treatment option for them."

The researchers plan to follow these patients for longer, as well as other groups of patients. Further genetic analysis of tumour samples collected during the study is underway.

Where did these results come from?

The ASCO annual meeting is the largest gathering of clinical [cancer](#) experts in the world.

Researchers share preliminary and more advanced results. These come from small, early stage studies through to large randomised clinical trials.

In some cases, the results will go on to change how [patients](#) are treated.

But most of the results are yet to be published in a scientific journal, so only offer an early glimpse of what these [trials](#) may later confirm.

More information: Arnaud Méjean et al. Sunitinib Alone or after Nephrectomy in Metastatic Renal-Cell Carcinoma, *New England Journal of Medicine* (2018). [DOI: 10.1056/NEJMoa1803675](https://doi.org/10.1056/NEJMoa1803675)

Provided by Cancer Research UK

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